

ship Nov 16

Work Order ID 150558

\*150558\*

Page 1

Monday, August 29, 2016 10:10:31 AM

Item ID: D119-796-025

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: AW119 Landing Gear Assembly - Heavy-Duty, Run-On Landing Wearplates

Stop \*NS2\*

Start Date: 10/18/2016 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 11/15/2016 Req'd Qty: 1.00

\*1\*

Customer:

Reference:

Approvals: Process Plan: dem Date: 16/08/29 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| D119-796-025                   | A                        |                      |         |        |              |               |               |                  |                |
| IIN-D119-796                   | E                        |                      |         |        |              |               |               |                  |                |

MCS 16-11-07

100 Pick Kit 0.00

\*100\*

Packaging

Memo

0.00

Packaging

Photocopy bluefile and create labels as per PPP D119-796-025 chg 003/ D119-646-241 paperwork

DAS  
6  
9-89

OCT 25 2016

110 0.00

\*110\*

HandFinish

Memo

0.00

Hand Finishing

ASSEMBLE AS PER DWG AND NOTES 8,9,10,11

ASSEMBLE WITH PROSEAL BATCH: 135390

2-INSTALL DECAL D2729-4

IX 16/11/09 DAS 36 9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                          |  |  |                                                                                                                                                     |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                     |  |  |
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| <b>Root Cause</b><br><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> |  | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                     |  |  |





DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |



**Work Order ID 150558**

Monday, August 29, 2016 10:10:31 AM

**\*150558\***

Page 3

Item ID: D119-796-025

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: AW119 Landing Gear Assembly - Heavy-Duty, Run-On Landing Wearplates

Start Date: 10/18/2016 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 11/15/2016 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp  |
|--------------------------------|---------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-----------------|
| 130                            | Identify as per dwg & Stock Location: <i>Ship</i>                                           | 0.00                 |         |        |              | <i>IX</i>     |               |                  | <i>16/11/09</i> |
| <b>*130*</b>                   |                                                                                             |                      |         |        |              |               |               |                  |                 |
| Packaging                      | <b>Memo</b>                                                                                 | 0.00                 |         |        |              |               |               |                  |                 |
| Packaging                      | Identify and pack for shipping as per PPP D119-796-025<br>Location: _____<br>PPP Rev: _____ |                      |         |        |              |               |               |                  |                 |
| 140                            | QC21- Final Inspection - Work Order Release                                                 | 0.00                 |         |        |              |               |               |                  |                 |
| <b>*140*</b>                   |                                                                                             |                      |         |        |              |               |               |                  |                 |
| QC                             | <b>Memo</b>                                                                                 | 0.00                 |         |        |              |               |               |                  |                 |
| Quality Control                |                                                                                             |                      |         |        |              |               |               |                  |                 |

DAS  
36  
9-89*MF*  
*16-11-9*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | Completed By                                                                                                      |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | Lead hand / Supervisor<br>Approval Verification                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | QC / QA Coordinator<br>Approval                                                                                   |  |  |

| Root Cause         |                          |                                                | FAULT CATEGORY         |                          |                                   |                          |                       |                          |                      |                          |
|--------------------|--------------------------|------------------------------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|--------------------------|----------------------|--------------------------|
| Environment        | <input type="checkbox"/> | <input type="checkbox"/> No Re-verification    | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> | Power Loss/Surge      | <input type="checkbox"/> | Positioned Wrong     | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | <input type="checkbox"/> Operator              | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> | Folio/Program         | <input type="checkbox"/> | Outside Dimensions   | <input type="checkbox"/> |
| Doc/Data           | <input type="checkbox"/> | <input type="checkbox"/> Offset/Setup          | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> | Grain                 | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> |
| Equip/Tooling      | <input type="checkbox"/> | <input type="checkbox"/> Supplier              | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> | Weld                  | <input type="checkbox"/> | Part Incorrect       | <input type="checkbox"/> |
| Handling/Pre       | <input type="checkbox"/> | <input type="checkbox"/> Training              | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled    | <input type="checkbox"/> | Part Lost/Missing    | <input type="checkbox"/> |
| Material           | <input type="checkbox"/> | <input type="checkbox"/> Use for Testing       | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out of Sequence       | <input type="checkbox"/> | Part Moved           | <input type="checkbox"/> |
| Internal Transport | <input type="checkbox"/> | <input type="checkbox"/> Poor Information      | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-set               | <input type="checkbox"/> | Drawing              | <input type="checkbox"/> |
| Tribal Knowledge   | <input type="checkbox"/> | <input type="checkbox"/> Rushing               | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Mislabeled            | <input type="checkbox"/> | Finish               | <input type="checkbox"/> |
| LOA                | <input type="checkbox"/> | <input type="checkbox"/> Product Improvement   | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/Function          | <input type="checkbox"/> | Misread              | <input type="checkbox"/> |
| Substation         | <input type="checkbox"/> | <input type="checkbox"/> Process Improvement   | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence     | <input type="checkbox"/> |
| Past Expiry Date   | <input type="checkbox"/> | <input type="checkbox"/> Manufacturing Process | <b>OTHER :</b> _____   |                          |                                   |                          |                       |                          |                      |                          |
| Misidentified      | <input type="checkbox"/> | <input type="checkbox"/> Past Due              |                        |                          |                                   |                          |                       |                          |                      |                          |

# Picklist Print

Monday, August 29, 2016 10:10:30 AM

Page 1

Work Order ID: 150558

**\*150558\***

Parent Item: D119-796-025

**\*D119-796-025\***

Parent Item Name: AW119 Landing Gear Assembly - Heavy-Duty, Run-On Landing Wearplates

Start Date: 10/18/2016

Required Date: 11/15/2016

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 15.08.25 NEW ISSUE DD VERF:JLM

| Component Item ID/<br>Item Name                                    | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status                 |
|--------------------------------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|------------------------|
| 139x89x35crate                                                     |                        | Purchased     | No          |                     |                  |                 | Each               | 0.0000         |             | 1            |               |                |                        |
| <b>*139x89x35crate*</b>                                            |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               | 16/11/08       | DAS 36 9-89            |
| Agusta Crate                                                       |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |                        |
| D119-646-241                                                       |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000         | 2           | 2            |               |                |                        |
| <b>*D119-646-241*</b>                                              |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               | 16/11/08       | DAS 36 9-89            |
| Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |                        |
| D119-796-151                                                       |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 1            |               |                |                        |
| <b>*D119-796-151*</b>                                              |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               | 16/11/08       | DAS 36 9-89            |
| FWD Crosstube Installation with Step (no hardware)                 |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |                        |
| D119-796-251                                                       |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 1            |               |                |                        |
| <b>*D119-796-251*</b>                                              |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               | 16/11/08       | DAS 36 9-89            |
| AFT Crosstube Installation with Step (no hardware)                 |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |                        |
| D2652                                                              |                        | Manufactured  | No          |                     |                  | 110             | Each               | 418.0000       | 48          | 48           |               |                |                        |
| <b>*D2652*</b>                                                     |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               | 14968/118      | DAS 6 9-89 OCT 25 2016 |
| Bushing                                                            |                        |               |             |                     |                  |                 |                    |                |             |              |               | 14982838       |                        |

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| FG       | 45      |          |
| 31985    | 45      |          |
| ST008A   | 373     |          |
| 148315   | 373     |          |

|                    |              |    |  |  |  |     |      |         |           |   |  |          |                        |
|--------------------|--------------|----|--|--|--|-----|------|---------|-----------|---|--|----------|------------------------|
| D3407-041          | Manufactured | No |  |  |  | 110 | Each | 11.0000 | 2         | 2 |  |          |                        |
| <b>*D3407-041*</b> |              |    |  |  |  |     |      |         | <b>**</b> |   |  | 148623x1 | DAS 6 9-89 OCT 25 2016 |
| Tow Ring           |              |    |  |  |  |     |      |         |           |   |  | 151431   |                        |

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| st530    | 11      |          |
| 145578   | 9       |          |
| 147878   | 2       |          |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |                       |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                               | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | MRB (QSI042) Approval |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                               | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Completed By          | 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| <div style="position: absolute; left: 0; top: 0; font-size: 0.8em; color: #ccc;">             34.1<br/>34.2<br/>34.3<br/>34.4<br/>34.5<br/>34.6<br/>34.7<br/>34.8<br/>34.9<br/>35.0<br/>35.1<br/>35.2<br/>35.3<br/>35.4<br/>35.5<br/>35.6<br/>35.7<br/>35.8<br/>35.9<br/>36.0<br/>36.1<br/>36.2<br/>36.3<br/>36.4<br/>36.5<br/>36.6<br/>36.7<br/>36.8<br/>36.9<br/>37.0<br/>37.1<br/>37.2<br/>37.3<br/>37.4<br/>37.5<br/>37.6<br/>37.7<br/>37.8<br/>37.9<br/>38.0<br/>38.1<br/>38.2<br/>38.3<br/>38.4<br/>38.5<br/>38.6<br/>38.7<br/>38.8<br/>38.9<br/>39.0<br/>39.1<br/>39.2<br/>39.3<br/>39.4<br/>39.5<br/>39.6<br/>39.7<br/>39.8<br/>39.9<br/>40.0<br/>40.1<br/>40.2<br/>40.3<br/>40.4<br/>40.5<br/>40.6<br/>40.7<br/>40.8<br/>40.9<br/>41.0<br/>41.1<br/>41.2<br/>41.3<br/>41.4<br/>41.5<br/>41.6<br/>41.7<br/>41.8<br/>41.9<br/>42.0<br/>42.1<br/>42.2<br/>42.3<br/>42.4<br/>42.5<br/>42.6<br/>42.7<br/>42.8<br/>42.9<br/>43.0<br/>43.1<br/>43.2<br/>43.3<br/>43.4<br/>43.5<br/>43.6<br/>43.7<br/>43.8<br/>43.9<br/>44.0<br/>44.1<br/>44.2<br/>44.3<br/>44.4<br/>44.5<br/>44.6<br/>44.7<br/>44.8<br/>44.9<br/>45.0<br/>45.1<br/>45.2<br/>45.3<br/>45.4<br/>45.5<br/>45.6<br/>45.7<br/>45.8<br/>45.9<br/>46.0<br/>46.1<br/>46.2<br/>46.3<br/>46.4<br/>46.5<br/>46.6<br/>46.7<br/>46.8<br/>46.9<br/>47.0<br/>47.1<br/>47.2<br/>47.3<br/>47.4<br/>47.5<br/>47.6<br/>47.7<br/>47.8<br/>47.9<br/>48.0<br/>48.1<br/>48.2<br/>48.3<br/>48.4<br/>48.5<br/>48.6<br/>48.7<br/>48.8<br/>48.9<br/>49.0<br/>49.1<br/>49.2<br/>49.3<br/>49.4<br/>49.5<br/>49.6<br/>49.7<br/>49.8<br/>49.9<br/>50.0<br/>50.1<br/>50.2<br/>50.3<br/>50.4<br/>50.5<br/>50.6<br/>50.7<br/>50.8<br/>50.9<br/>51.0<br/>51.1<br/>51.2<br/>51.3<br/>51.4<br/>51.5<br/>51.6<br/>51.7<br/>51.8<br/>51.9<br/>52.0<br/>52.1<br/>52.2<br/>52.3<br/>52.4<br/>52.5<br/>52.6<br/>52.7<br/>52.8<br/>52.9<br/>53.0<br/>53.1<br/>53.2<br/>53.3<br/>53.4<br/>53.5<br/>53.6<br/>53.7<br/>53.8<br/>53.9<br/>54.0<br/>54.1<br/>54.2<br/>54.3<br/>54.4<br/>54.5<br/>54.6<br/>54.7<br/>54.8<br/>54.9<br/>55.0<br/>55.1<br/>55.2<br/>55.3<br/>55.4<br/>55.5<br/>55.6<br/>55.7<br/>55.8<br/>55.9<br/>56.0<br/>56.1<br/>56.2<br/>56.3<br/>56.4<br/>56.5<br/>56.6<br/>56.7<br/>56.8<br/>56.9<br/>57.0<br/>57.1<br/>57.2<br/>57.3<br/>57.4<br/>57.5<br/>57.6<br/>57.7<br/>57.8<br/>57.9<br/>58.0<br/>58.1<br/>58.2<br/>58.3<br/>58.4<br/>58.5<br/>58.6<br/>58.7<br/>58.8<br/>58.9<br/>59.0<br/>59.1<br/>59.2<br/>59.3<br/>59.4<br/>59.5<br/>59.6<br/>59.7<br/>59.8<br/>59.9<br/>60.0<br/>60.1<br/>60.2<br/>60.3<br/>60.4<br/>60.5<br/>60.6<br/>60.7<br/>60.8<br/>60.9<br/>61.0<br/>61.1<br/>61.2<br/>61.3<br/>61.4<br/>61.5<br/>61.6<br/>61.7<br/>61.8<br/>61.9<br/>62.0<br/>62.1<br/>62.2<br/>62.3<br/>62.4<br/>62.5<br/>62.6<br/>62.7<br/>62.8<br/>62.9<br/>63.0<br/>63.1<br/>63.2<br/>63.3<br/>63.4<br/>63.5<br/>63.6<br/>63.7<br/>63.8<br/>63.9<br/>64.0<br/>64.1<br/>64.2<br/>64.3<br/>64.4<br/>64.5<br/>64.6<br/>64.7<br/>64.8<br/>64.9<br/>65.0<br/>65.1<br/>65.2<br/>65.3<br/>65.4<br/>65.5<br/>65.6<br/>65.7<br/>65.8<br/>65.9<br/>66.0<br/>66.1<br/>66.2<br/>66.3<br/>66.4<br/>66.5<br/>66.6<br/>66.7<br/>66.8<br/>66.9<br/>67.0<br/>67.1<br/>67.2<br/>67.3<br/>67.4<br/>67.5<br/>67.6<br/>67.7<br/>67.8<br/>67.9<br/>68.0<br/>68.1<br/>68.2<br/>68.3<br/>68.4<br/>68.5<br/>68.6<br/>68.7<br/>68.8<br/>68.9<br/>69.0<br/>69.1<br/>69.2<br/>69.3<br/>69.4<br/>69.5<br/>69.6<br/>69.7<br/>69.8<br/>69.9<br/>70.0<br/>70.1<br/>70.2<br/>70.3<br/>70.4<br/>70.5<br/>70.6<br/>70.7<br/>70.8<br/>70.9<br/>71.0<br/>71.1<br/>71.2<br/>71.3<br/>71.4<br/>71.5<br/>71.6<br/>71.7<br/>71.8<br/>71.9<br/>72.0<br/>72.1<br/>72.2<br/>72.3<br/>72.4<br/>72.5<br/>72.6<br/>72.7<br/>72.8<br/>72.9<br/>73.0<br/>73.1<br/>73.2<br/>73.3<br/>73.4<br/>73.5<br/>73.6<br/>73.7<br/>73.8<br/>73.9<br/>74.0<br/>74.1<br/>74.2<br/>74.3<br/>74.4<br/>74.5<br/>74.6<br/>74.7<br/>74.8<br/>74.9<br/>75.0<br/>75.1<br/>75.2<br/>75.3<br/>75.4<br/>75.5<br/>75.6<br/>75.7<br/>75.8<br/>75.9<br/>76.0<br/>76.1<br/>76.2<br/>76.3<br/>76.4<br/>76.5<br/>76.6<br/>76.7<br/>76.8<br/>76.9<br/>77.0<br/>77.1<br/>77.2<br/>77.3<br/>77.4<br/>77.5<br/>77.6<br/>77.7<br/>77.8<br/>77.9<br/>78.0<br/>78.1<br/>78.2<br/>78.3<br/>78.4<br/>78.5<br/>78.6<br/>78.7<br/>78.8<br/>78.9<br/>79.0<br/>79.1<br/>79.2<br/>79.3<br/>79.4<br/>79.5<br/>79.6<br/>79.7<br/>79.8<br/>79.9<br/>80.0<br/>80.1<br/>80.2<br/>80.3<br/>80.4<br/>80.5<br/>80.6<br/>80.7<br/>80.8<br/>80.9<br/>81.0<br/>81.1<br/>81.2<br/>81.3<br/>81.4<br/>81.5<br/>81.6<br/>81.7<br/>81.8<br/>81.9<br/>82.0<br/>82.1<br/>82.2<br/>82.3<br/>82.4<br/>82.5<br/>82.6<br/>82.7<br/>82.8<br/>82.9<br/>83.0<br/>83.1<br/>83.2<br/>83.3<br/>83.4<br/>83.5<br/>83.6<br/>83.7<br/>83.8<br/>83.9<br/>84.0<br/>84.1<br/>84.2<br/>84.3<br/>84.4<br/>84.5<br/>84.6<br/>84.7<br/>84.8<br/>84.9<br/>85.0<br/>85.1<br/>85.2<br/>85.3<br/>85.4<br/>85.5<br/>85.6<br/>85.7<br/>85.8<br/>85.9<br/>86.0<br/>86.1<br/>86.2<br/>86.3<br/>86.4<br/>86.5<br/>86.6<br/>86.7<br/>86.8<br/>86.9<br/>87.0<br/>87.1<br/>87.2<br/>87.3<br/>87.4<br/>87.5<br/>87.6<br/>87.7<br/>87.8<br/>87.9<br/>88.0<br/>88.1<br/>88.2<br/>88.3<br/>88.4<br/>88.5<br/>88.6<br/>88.7<br/>88.8<br/>88.9<br/>89.0<br/>89.1<br/>89.2<br/>89.3<br/>89.4<br/>89.5<br/>89.6<br/>89.7<br/>89.8<br/>89.9<br/>90.0<br/>90.1<br/>90.2<br/>90.3<br/>90.4<br/>90.5<br/>90.6<br/>90.7<br/>90.8<br/>90.9<br/>91.0<br/>91.1<br/>91.2<br/>91.3<br/>91.4<br/>91.5<br/>91.6<br/>91.7<br/>91.8<br/>91.9<br/>92.0<br/>92.1<br/>92.2<br/>92.3<br/>92.4<br/>92.5<br/>92.6<br/>92.7<br/>92.8<br/>92.9<br/>93.0<br/>93.1<br/>93.2<br/>93.3<br/>93.4<br/>93.5<br/>93.6<br/>93.7<br/>93.8<br/>93.9<br/>94.0<br/>94.1<br/>94.2<br/>94.3<br/>94.4<br/>94.5<br/>94.6<br/>94.7<br/>94.8<br/>94.9<br/>95.0<br/>95.1<br/>95.2<br/>95.3<br/>95.4<br/>95.5<br/>95.6<br/>95.7<br/>95.8<br/>95.9<br/>96.0<br/>96.1<br/>96.2<br/>96.3<br/>96.4<br/>96.5<br/>96.6<br/>96.7<br/>96.8<br/>96.9<br/>97.0<br/>97.1<br/>97.2<br/>97.3<br/>97.4<br/>97.5<br/>97.6<br/>97.7<br/>97.8<br/>97.9<br/>98.0<br/>98.1<br/>98.2<br/>98.3<br/>98.4<br/>98.5<br/>98.6<br/>98.7<br/>98.8<br/>98.9<br/>99.0<br/>99.1<br/>99.2<br/>99.3<br/>99.4<br/>99.5<br/>99.6<br/>99.7<br/>99.8<br/>99.9<br/>100.0<br/>100.1<br/>100.2<br/>100.3<br/>100.4<br/>100.5<br/>100.6<br/>100.7<br/>100.8<br/>100.9<br/>101.0<br/>101.1<br/>101.2<br/>101.3<br/>101.4<br/>101.5<br/>101.6<br/>101.7<br/>101.8<br/>101.9<br/>102.0<br/>102.1<br/>102.2<br/>102.3<br/>102.4<br/>102.5<br/>102.6<br/>102.7<br/>102.8<br/>102.9<br/>103.0<br/>103.1<br/>103.2<br/>103.3<br/>103.4<br/>103.5<br/>103.6<br/>103.7<br/>103.8<br/>103.9<br/>104.0<br/>104.1<br/>104.2<br/>104.3<br/>104.4<br/>104.5<br/>104.6<br/>104.7<br/>104.8<br/>104.9<br/>105.0<br/>105.1<br/>105.2<br/>105.3<br/>105.4<br/>105.5<br/>105.6<br/>105.7<br/>105.8<br/>105.9<br/>106.0<br/>106.1<br/>106.2<br/>106.3<br/>106.4<br/>106.5<br/>106.6<br/>106.7<br/>106.8<br/>106.9<br/>107.0<br/>107.1<br/>107.2<br/>107.3<br/>107.4<br/>107.5<br/>107.6<br/>107.7<br/>107.8<br/>107.9<br/>108.0<br/>108.1<br/>108.2<br/>108.3<br/>108.4<br/>108.5<br/>108.6<br/>108.7<br/>108.8<br/>108.9<br/>109.0<br/>109.1<br/>109.2<br/>109.3<br/>109.4<br/>109.5<br/>109.6<br/>109.7<br/>109.8<br/>109.9<br/>110.0<br/>110.1<br/>110.2<br/>110.3<br/>110.4<br/>110.5<br/>110.6<br/>110.7<br/>110.8<br/>110.9<br/>111.0<br/>111.1<br/>111.2<br/>111.3<br/>111.4<br/>111.5<br/>111.6<br/>111.7<br/>111.8<br/>111.9<br/>112.0<br/>112.1<br/>112.2<br/>112.3<br/>112.4<br/>112.5<br/>112.6<br/>112.7<br/>112.8<br/>112.9<br/>113.0<br/>113.1<br/>113.2<br/>113.3<br/>113.4<br/>113.5<br/>113.6<br/>113.7<br/>113.8<br/>113.9<br/>114.0<br/>114.1<br/>114.2<br/>114.3<br/>114.4<br/>114.5<br/>114.6<br/>114.7<br/>114.8<br/>114.9<br/>115.0<br/>115.1<br/>115.2<br/>115.3<br/>115.4<br/>115.5<br/>115.6<br/>115.7<br/>115.8<br/>115.9<br/>116.0<br/>116.1<br/>116.2<br/>116.3<br/>116.4<br/>116.5<br/>116.6<br/>116.7<br/>116.8<br/>116.9<br/>117.0<br/>117.1<br/>117.2<br/>117.3<br/>117.4<br/>117.5<br/>117.6<br/>117.7<br/>117.8<br/>117.9<br/>118.0<br/>118.1<br/>118.2<br/>118.3<br/>118.4<br/>118.5<br/>118.6<br/>118.7<br/>118.8<br/>118.9<br/>119.0<br/>119.1<br/>119.2<br/>119.3<br/>119.4<br/>119.5<br/>119.6<br/>119.7<br/>119.8<br/>119.9<br/>120.0<br/>120.1<br/>120.2<br/>120.3<br/>120.4<br/>120.5<br/>120.6<br/>120.7<br/>120.8<br/>120.9<br/>121.0<br/>121.1<br/>121.2<br/>121.3<br/>121.4<br/>121.5<br/>121.6<br/>121.7<br/>121.8<br/>121.9<br/>122.0<br/>122.1<br/>122.2<br/>122.3<br/>122.4<br/>122.5<br/>122.6<br/>122.7<br/>122.8<br/>122.9<br/>123.0<br/>123.1<br/>123.2<br/>123.3<br/>123.4<br/>123.5<br/>123.6<br/>123.7<br/>123.8<br/>123.9<br/>124.0<br/>124.1<br/>124.2<br/>124.3<br/>124.4<br/>124.5<br/>124.6<br/>124.7<br/>124.8<br/>124.9<br/>125.0<br/>125.1<br/>125.2<br/>125.3<br/>125.4<br/>125.5<br/>125.6<br/>125.7<br/>125.8<br/>125.9<br/>126.0<br/>126.1<br/>126.2<br/>126.3<br/>126.4<br/>126.5<br/>126.6<br/>126.7<br/>126.8<br/>126.9<br/>127.0<br/>127.1<br/>127.2<br/>127.3<br/>127.4<br/>127.5<br/>127.6<br/>127.7<br/>127.8<br/>127.9<br/>128.0<br/>128.1<br/>128.2<br/>128.3<br/>128.4<br/>128.5<br/>128.6<br/>128.7<br/>128.8<br/>128.9<br/>129.0<br/>129.1<br/>129.2<br/>129.3<br/>129.4<br/>129.5<br/>129.6<br/>129.7<br/>129.8<br/>129.9<br/>130.0<br/>130.1<br/>130.2<br/>130.3<br/>130.4<br/>130.5<br/>130.6<br/>130.7<br/>130.8<br/>130.9<br/>131.0<br/>131.1<br/>131.2<br/>131.3<br/>131.4<br/>131.5<br/>131.6<br/>131.7<br/>131.8<br/>131.9<br/>132.0<br/>132.1<br/>132.2<br/>132.3<br/>132.4<br/>132.5<br/>132.6<br/>132.7<br/>132.8<br/>132.9<br/>133.0<br/>133.1<br/>133.2<br/>133.3<br/>133.4<br/>133.5<br/>133.6<br/>133.7<br/>133.8<br/>133.9<br/>134.0<br/>134.1<br/>134.2<br/>134.3<br/>134.4<br/>134.5<br/>134.6<br/>134.7<br/>134.8<br/>134.9<br/>135.0<br/>135.1<br/>135.2<br/>135.3<br/>135.4<br/>135.5<br/>135.6<br/>135.7<br/>135.8<br/>135.9<br/>136.0<br/>136.1<br/>136.2<br/>136.3<br/>136.4<br/>136.5<br/>136.6<br/>136.7<br/>136.8<br/>136.9<br/>137.0<br/>137.1<br/>137.2<br/>137.3<br/>137.4<br/>137.5<br/>137.6<br/>137.7<br/>137.8<br/>137.9<br/>138.0<br/>138.1<br/>138.2<br/>138.3<br/>138.4<br/>138.5<br/>138.6<br/>138.7<br/>138.8<br/>138.9<br/>139.0<br/>139.1<br/>139.2<br/>139.3<br/>139.4<br/>139.5<br/>139.6<br/>139.7<br/>139.8<br/>139.9<br/>140.0<br/>140.1<br/>140.2<br/>140.3<br/>140.4<br/>140.5<br/>140.6<br/>140.7<br/>140.8<br/>140.9<br/>141.0<br/>141.1<br/>141.2<br/>141.3<br/>141.4<br/>141.5<br/>141.6<br/>141.7<br/>141.8<br/>141.9<br/>142.0<br/>142.1<br/>142.2<br/>142.3<br/>142.4<br/>142.5<br/>142.6<br/>142.7<br/>142.8<br/>142.9<br/>143.0<br/>143.1<br/>143.2<br/>143.3<br/>143.4<br/>143.5<br/>143.6<br/>143.7<br/>143.8<br/>143.9<br/>144.0<br/>144.1<br/>144.2<br/>144.3<br/>144.4<br/>144.5<br/>144.6<br/>144.7<br/>144.8<br/>144.9<br/>145.0<br/>145.1<br/>145.2<br/>145.3<br/>145.4<br/>145.5<br/>145.6<br/>145.7<br/>145.8<br/>145.9<br/>146.0<br/>146.1<br/>146.2<br/>146.3<br/>146.4<br/>146.5<br/>146.6<br/>146.7<br/>146.8<br/>146.9<br/>147.0<br/>147.1<br/>147.2<br/>147.3<br/>147.4<br/>147.5<br/>147.6<br/>147.7<br/>147.8<br/>147.9<br/>148.0<br/>148.1<br/>148.2<br/>148.3<br/>148.4<br/>148.5<br/>148.6<br/>148.7<br/>148.8<br/>148.9<br/>149.0<br/>149.1<br/>149.2<br/>149.3<br/>149.4<br/>149.5<br/>149.6<br/>149.7<br/>149.8<br/>149.9<br/>150.0<br/>150.1<br/>150.2<br/>150.3<br/>150.4<br/>150.5<br/>150.6<br/>150.7<br/>150.8<br/>150.9<br/>151.0<br/>151.1<br/>151.2<br/>151.3<br/>151.4<br/>151.5<br/>151.6<br/>151.7<br/>151.8<br/>151.9<br/>152.0<br/>152.1<br/>152.2<br/>152.3<br/>152.4<br/>152.5<br/>152.6<br/>152.7<br/>152.8<br/>152.9<br/>153.0<br/>153.1<br/>153.2<br/>153.3<br/>153.4<br/>153.5<br/>153.6<br/>153.7<br/>153.8<br/>153.9<br/>154.0<br/>154.1<br/>154.2<br/>154.3<br/>154.4<br/>154.5<br/>154.6<br/>154.7<br/>154.8<br/>154.9<br/>155.0<br/>155.1<br/>155.2<br/>155.3<br/>155.4<br/>155.5<br/>155.6<br/>155.7<br/>155.8<br/>155.9<br/>156.0<br/>156.1<br/>156.2<br/>156.3<br/>156.4<br/>156.5<br/>156.6<br/>156.7<br/>156.8<br/>156.9<br/>157.0<br/>157.1<br/>157.2<br/>157.3<br/>157.4<br/>157.5<br/>157.6<br/>157.7<br/>157.8<br/>157.9<br/>158.0<br/>158.1<br/>158.2<br/>158.3<br/>158.4<br/>158.5<br/>158.6<br/>158.7<br/>158.8<br/>158.9<br/>159.0<br/>159.1<br/>159.2<br/>159.3<br/>159.4<br/>159.5<br/>159.6<br/>159.7<br/>159.8<br/>159.9<br/>160.0<br/>160.1<br/>160.2<br/>160.3<br/>160.4<br/>160.5<br/>160.6<br/>160.7<br/>160.8<br/>160.9<br/>161.0<br/>161.1<br/>161.2<br/>161.3<br/>161.4<br/>161.5<br/>161.6<br/>161.7<br/>161.8<br/>161.9<br/>162.0<br/>162.1<br/>162.2<br/>162.3<br/>162.4<br/>162.5<br/>162.6<br/>162.7<br/>162.8<br/>162.9<br/>163.0<br/>163.1<br/>163.2<br/>163.3<br/>163.4<br/>163.5<br/>163.6<br/>163.7<br/>163.8<br/>163.9<br/>164.0<br/>164.1<br/>164.2<br/>164.3<br/>164.4<br/>164.5<br/>164.6<br/>164.7<br/>164.8<br/>164.9<br/>165.0<br/>165.1<br/>165.2<br/>165.3<br/>165.4<br/>165.5<br/>165.6<br/>165.7<br/>165.8<br/>165.9<br/>166.0<br/>166.1<br/>166.2<br/>166.3<br/>166.4<br/>166.5<br/>166.6<br/>166.7<br/>166.8<br/>166.9<br/>167.0<br/>167.1<br/>167.2<br/>167.3<br/>167.4<br/>167.5<br/>167.6<br/>167.7<br/>167.8<br/>167.9<br/>168.0<br/>168.1<br/>168.2<br/>168.3<br/>168.4<br/>168.5<br/>168.6<br/>168.7<br/>168.8<br/>168.9<br/>169.0<br/>169.1<br/>169.2<br/>169.3<br/>169.4<br/>169.5<br/>169.6<br/>169.7<br/>169.8<br/>169.9<br/>170.0<br/>170.1<br/>170.2<br/>170.3<br/>170.4<br/>170.5<br/>170.6<br/>170.7<br/>170.8<br/>170.9<br/>171.0<br/>171.1<br/>171.2<br/>171.3<br/>171.4<br/>171.5<br/>171.6<br/>171.7<br/>171.8<br/>171.9<br/>172.0<br/>172.1<br/>172.2<br/>172.3<br/>172.4<br/>172.5<br/>172.6<br/>172.7<br/>172.8<br/>172.9<br/>173.0<br/>173.1<br/>173.2<br/>173.3<br/>173.4<br/>173.5<br/>173.6<br/>173.7<br/>173.8<br/>173.9<br/>174.0<br/>174.1<br/>174.2<br/>174.3<br/>174.4<br/>174.5<br/>174.6<br/>174.7<br/>174.8<br/>174.9<br/>175.0<br/>175.1<br/>175.2<br/>175.3<br/>175.4<br/>175.5<br/>175.6<br/>175.7<br/>175.8<br/>175.9<br/>176.0<br/>176.1<br/>176.2<br/>176.3<br/>176.4<br/>176.5<br/>176.6<br/>176.7<br/>176.8<br/>176.9<br/>177.0<br/>177.1<br/>177.2<br/>177.3<br/>177.4<br/>177.5<br/>177.6<br/>177.7<br/>177.8<br/>177.9<br/>178.0<br/>178.1<br/>178.2<br/>178.3<br/>178.4<br/>178.5<br/>178.6<br/>178.7<br/>178.8<br/>178.9<br/>179.0<br/>179.1<br/>179.2<br/>179.3<br/>179.4<br/>179.5<br/>179.6<br/>179.7<br/>179.8<br/>179.9<br/>180.0<br/>180.1<br/>180.2<br/>180.3<br/>180.4<br/>180.5<br/>180.6<br/>180.7<br/>180.8<br/>180.9<br/>181.0<br/>181.1<br/>181.2<br/>181.3<br/>181.4<br/>181.5<br/>181.6<br/>181.7<br/>181.8<br/>181.9<br/>182.0<br/>182.1<br/>182.2<br/>182.3<br/>182.4<br/>182.5<br/>182.6<br/>182.7<br/>182.8<br/>182.9<br/>183.0<br/>183.1<br/>183.2<br/>183.3<br/>183.4<br/>183.5<br/>183.6<br/>183.7<br/>183.8<br/>183.9<br/>184.0<br/>184.1<br/>184.2<br/>184.3<br/>184.4<br/>184.5<br/>184.6<br/>184.7<br/>184.8<br/>184.9<br/>185.0<br/>185.1<br/>185.2<br/>185.3<br/>185.4<br/>185.5<br/>185.6<br/>185.7<br/>185.8<br/>185.9<br/>186.0<br/>186.1<br/>186.2<br/>186.3<br/>186.4<br/>186.5<br/>186.6<br/>186.7<br/>186.8<br/>186.9<br/>187.0<br/>187.1<br/>187.2<br/>187.3<br/>187.4<br/>187.5<br/>187.6<br/>187.7<br/>187.8<br/>187.9<br/>188.0<br/>188.1<br/>188.2<br/>188.3<br/>188.4<br/>188.5<br/>188.6<br/>188.7<br/>188.8<br/>188.9<br/>189.0<br/>189.1<br/>189.2<br/>189.3<br/>189.4<br/>189.5<br/>189.6<br/>189.7<br/>189.8<br/>189.9<br/>190.0<br/>190.1<br/>190.2<br/>190.3<br/>190.4<br/>190.5<br/>190.6<br/>190.7<br/>190.8<br/>190.9<br/>191.0<br/>191.1<br/>191.2<br/>191.3<br/>191.4<br/>191.5<br/>191.6<br/>191.7<br/>191.8<br/>191.9<br/>192.0<br/>192.1<br/>192.2<br/>192.3<br/>192.4<br/>192.5<br/>192.6<br/>192.7<br/>192.8<br/>192.9<br/>193.0<br/>193.1<br/>193.2<br/>193.3<br/>193.4<br/>193.5<br/>193.6<br/>193.7<br/>193.8<br/>193.9<br/>194.0<br/>194.1<br/>194.2<br/>194.3<br/>194.4<br/>194.5<br/>194.6<br/>194.7<br/>194.8<br/>194.9<br/>195.0<br/>195.1<br/>195.2<br/>195.3<br/>195.4<br/>195.5<br/>195.6<br/>195.7<br/>195.8<br/>195.9<br/>196.0<br/>196.1<br/>196.2<br/>196.3<br/>196.4<br/>196.5<br/>196.6<br/>196.7<br/>196.8<br/>196.9<br/>197.0<br/>197.1<br/>197.2<br/>197.3<br/>197.4<br/>197.5<br/>197.6<br/>197.7<br/>197.8<br/>197.9<br/>198.0<br/>198.1<br/>198.2<br/>198.3<br/>198.4<br/>198.5<br/>198.6<br/>198.7<br/>198.8<br/>198.9<br/>199.0<br/>199.1<br/>199.2<br/>199.3<br/>199.4<br/>199.5<br/>199.6<br/>199.7<br/>199.8<br/>199.9<br/>200.0<br/>200.1<br/>200.2<br/>200.3<br/>200.4<br/>200.5<br/>200.6<br/>200.7<br/>200.8<br/>200.9<br/>201.0<br/>201.1<br/>201.2<br/>201.3<br/>201.4<br/>201.5<br/>201.6<br/>201.7<br/>201.8<br/>201.9<br/>202.0<br/>202.1<br/>202.2<br/>202.3<br/>202.4<br/>202.5<br/>202.6<br/>202.7<br/>202.8<br/>202.9<br/>203.0<br/>203.1<br/>203.2<br/>203.3<br/>203.4<br/>203.5<br/>203.6<br/>203.7<br/>203.8<br/>203.9<br/>204.0<br/>204.1<br/>204.2<br/>204.3<br/>204.4<br/>204.5<br/>204.6<br/>204.7<br/>204.8<br/>204.9<br/>205.0<br/>205.1<br/>205.2<br/>205.3<br/>205.4<br/>205.5<br/>205.6<br/>205.7<br/>205.8<br/>205.9<br/>206.0<br/>206.1<br/>206.2<br/>206.3<br/>206.4<br/>206.5<br/>206.6<br/>206.7<br/>206.8<br/>206.9<br/>207.0<br/>207.1<br/>207.2<br/>207.3<br/>207.4<br/>207.5<br/>207.6<br/>207.7<br/>207.8<br/>207.9<br/>208.0<br/>208.1<br/>208.2<br/>208</div> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                       |  |

# Picklist Print

Monday, August 29, 2016 10:10:30 AM

Page 2

Work Order ID: 150558

**\*150558\***

Parent Item: D119-796-025

**\*D119-796-025\***

Parent Item Name: AW119 Landing Gear Assembly - Heavy-Duty, Run-On Landing Wearplates

Start Date: 10/18/2016

Required Date: 11/15/2016

Start Qty: 1.00

Required Qty: 1.00

D3417-5

Manufactured No

110

Each

117.0000

4

4

**\*D3417-5\***

Washer

\*\*

OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

ST035

37

147540

37

ST038A

80

148700

40

149255

40

4

D3456-1

Manufactured No

110

Each

66.0000

2

2

**\*D3456-1\***

Washer

\*\*

OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

FG

7

25701

7

ST037

59

144158

1

147799

25

149551

24

149710

9

2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                     |  |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |



# Picklist Print

Monday, August 29, 2016 10:10:30 AM

Page 3

Work Order ID: 150558

**\*150558\***

Parent Item: D119-796-025

**\*D119-796-025\***

Parent Item Name: AW119 Landing Gear Assembly - Heavy-Duty, Run-On Landing Wearplates

Start Date: 10/18/2016

Required Date: 11/15/2016

Start Qty: 1.00

Required Qty: 1.00

D3672-3

Manufactured No

110

Each

1,388.000

48

48

**\*D3672-3\***

Washer, Phenolic

**\*\***

OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

|        |      |    |
|--------|------|----|
| FG     | 100  |    |
| 133083 | 52   |    |
| 134449 | 48   |    |
| FP001  | 213  |    |
| 132639 | 213  |    |
| ST049  | 75   |    |
| 148691 | 75   |    |
| ST051A | 1000 |    |
| 149295 | 500  | 48 |
| 149409 | 500  |    |

D3672-7

Manufactured No

110

Each

947.0000

48

48

**\*D3672-7\***

Washer, Phenolic

**\*\***

OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

|        |     |    |
|--------|-----|----|
| FG     | 40  |    |
| 129987 | 25  |    |
| 133986 | 15  |    |
| ST049  | 407 |    |
| 147220 | 407 |    |
| ST057A | 500 |    |
| 149431 | 500 | 48 |

D3883-1

Manufactured No

110

Each

13.0000

2

2

**\*D3883-1\***

Saddle, Outboard LH

**\*\***

(149893) OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

|        |    |  |
|--------|----|--|
| ST404  | 13 |  |
| 142773 | 1  |  |
| 147687 | 12 |  |

Monday, August 29, 2016 10:10:30 AM

Shop Packet Print

Page 3

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 100px; margin: 5px;"></div>                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

# Picklist Print

Monday, August 29, 2016 10:10:30 AM

Page 4

Work Order ID: 150558

**\*150558\***

Parent Item: D119-796-025

**\*D119-796-025\***

Parent Item Name: AW119 Landing Gear Assembly - Heavy-Duty, Run-On Landing Wearplates

Start Date: 10/18/2016

Required Date: 11/15/2016

Start Qty: 1.00

Required Qty: 1.00

D3883-2

Manufactured No

110

Each

8.0000

2

2

**\*D3883-2\***

Saddle, Outside RH

\*\*

149623 OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

ST404

8

148743

8

D3884-1

Manufactured No

110

Each

13.0000

2

2

**\*D3884-1\***

Saddle, Inside LH

\*\*

150158 OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

ST404

13

142674

1

148628

12

D3884-2

Manufactured No

110

Each

8.0000

2

2

**\*D3884-2\***

Saddle, Inside RH

\*\*

150388 OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

ST404

8

148706

8

D3886-041

Manufactured No

110

Each

19.0000

4

4

**\*D3886-041\***

Lug Assembly

\*\*

150429

sl

Location

Loc Qty

Loc Code

ST528

19

147690

9

149597

4

149598

6



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor Approval Verification |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |

# Picklist Print

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Page 5

Work Order ID: 150558

**\*150558\***

Parent Item: D119-796-025

**\*D119-796-025\***

Parent Item Name: AW119 Landing Gear Assembly - Heavy-Duty, Run-On Landing Wearplates

Start Date: 10/18/2016

Required Date: 11/15/2016

Start Qty: 1.00

Required Qty: 1.00

AN3C46A

Purchased

No

110

Each

170.0000

8

8

**\*AN3C46A\***

Bolt

\*\*

134795

OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

FG

10

122843

10

OVER002

70

134795

70

ST346

90

M132522

33

M134794

57

AN3C50A

Purchased

No

110

Each

85.0000

16

16

**\*AN3C50A\***

Bolt

\*\*

135950

OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

ST346

85

M135309

39

M135348

46

AN4C6A

Purchased

No

110

Each

627.0000

24

24

**\*AN4C6A\***

Bolt

\*\*

OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

FG

14

103344

4

121657

10

OVER002

450

m135297

50

m135470

400

over003

150

m135442

150

ST345

13

m135127

13

Monday, August 29, 2016 10:10:30 AM

Shop Packet Print

Page 5

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |                                              |  |
|--------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                   |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |                                              |  |
| Date: <span style="color: blue;">EAC 2 28-9</span>                             |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |                                              |  |
| Description Work Order Deviation                                               |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                   |                                              |  |
| <div style="color: blue; font-size: 1.2em; margin-top: 20px;">EAC 2 28-9</div> |  |                                                                                                                                                                                    |  | <div style="height: 250px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                   |                                              |  |
|                                                                                |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   | Completed By                                 |  |
|                                                                                |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   | Lead hand / Supervisor Approval Verification |  |
|                                                                                |  |                                                                                                                                                                                    |  | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                   |                                              |  |

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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="width: 45%;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  |  |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="width: 45%;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="width: 45%;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="width: 45%;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |



# Picklist Print

Monday, August 29, 2016 10:10:30 AM

Page 6

Work Order ID: 150558

**\*150558\***

Parent Item: D119-796-025

**\*D119-796-025\***

Parent Item Name: AW119 Landing Gear Assembly - Heavy-Duty, Run-On Landing Wearplates

Start Date: 10/18/2016

Required Date: 11/15/2016

Start Qty: 1.00

Required Qty: 1.00

MS21043-3

Purchased

No

110

Each

848.0000

24

24

**\*MS21043-3\***

Nut

\*\*

135544

DAS  
6  
9-89

Location

Loc Qty

Loc Code

OCT 25 2016

|         |     |  |
|---------|-----|--|
| FG      | 80  |  |
| 103691  | 80  |  |
| FP001   | 11  |  |
| m130673 | 11  |  |
| GA      | 237 |  |
| m133990 | 237 |  |
| OVER007 | 400 |  |
| m134861 | 0   |  |
| m135442 | 400 |  |
| ST302   | 51  |  |
| m135058 | 51  |  |
| ST304   | 69  |  |
| m131340 | 69  |  |

MS21043-4

Purchased

No

110

Each

597.0000

26

26

**\*MS21043-4\***

Nut

\*\*

135530

DAS  
6  
9-89

Location

Loc Qty

Loc Code

OCT 25 2016

|         |     |  |
|---------|-----|--|
| FG      | 40  |  |
| 104603  | 40  |  |
| GA      | 17  |  |
| m132803 | 17  |  |
| ST302   | 540 |  |
| m135390 | 240 |  |
| m135407 | 300 |  |

Monday, August 29, 2016 10:10:30 AM

Shop Packet Print

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                 |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MRB (QSI042) Approval                           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QC / QA Coordinator<br>Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                 |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                 |  |

# Picklist Print

Monday, August 29, 2016 10:10:30 AM

Page 7

Work Order ID: 150558

**\*150558\***

Parent Item: D119-796-025

**\*D119-796-025\***

Parent Item Name: AW119 Landing Gear Assembly - Heavy-Duty, Run-On Landing Wearplates

Start Date: 10/18/2016

Required Date: 11/15/2016

Start Qty: 1.00

Required Qty: 1.00

MS21043-5

Purchased

No

110

Each

152.0000

8

8

**\*MS21043-5\***

\*\*

Nut

Location

Loc Qty

Loc Code

FG

20

101418

20

GA

72

116548

72

ST302

60

m135157

10

m135470

50

OCT 25 2016

DAS  
6  
9-89

MS21250-05048

Purchased

No

110

Each

69.0000

8

8

**\*MS21250-05048\***

\*\*

Bolt (use MS21250-05-048)

Location

Loc Qty

Loc Code

ST295

69

m134973

34

m135482

35

OCT 25 2016

DAS  
6  
9-89

NAS1149C0332R

Purchased

No

110

Each

4,906.000

24

24

**\*NAS1149C0332R\***

\*\*

WASHER

Location

Loc Qty

Loc Code

FP001

152

m135046

152

GA

141

m133284

141

ST260a

2000

m135408

1000

m135466

1000

ST266

2613

m134736

613

m135274

2000

OCT 25 2016

DAS  
6  
9-89

Monday, August 29, 2016 10:10:30 AM

Shop Packet Print

Page 7



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                                                                        |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                                                                                                        |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin: 5px;"></div> <b>Completed By</b><br><br><b>Lead hand / Supervisor Approval Verification</b><br><br><b>QC / QA Coordinator Approval</b> |  |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                                                                        |  |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>OTHER :</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                                                                        |  |  |

# Picklist Print

Monday, August 29, 2016 10:10:30 AM

Page 8

Work Order ID: 150558

**\*150558\***

Parent Item: D119-796-025

**\*D119-796-025\***

Parent Item Name: AW119 Landing Gear Assembly - Heavy-Duty, Run-On Landing Wearplates

Start Date: 10/18/2016

Required Date: 11/15/2016

Start Qty: 1.00

Required Qty: 1.00

NAS1149C0432R

Purchased

No

110

Each

1,091.000

48

48

**\*NAS1149C0432R\***

WASHER

**\*\***

OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

GA

800

m125807

427

m134676

373

ST266

291

m135297

291

16

NAS1149C0532R

Purchased

No

110

Each

400.0000

16

16

**\*NAS1149C0532R\***

WASHER

**\*\***

135671

OCT 25 2016

DAS  
6  
9-89

Location

Loc Qty

Loc Code

GA

60

116513

60

ST260a

200

m135390

200

ST266

140

m134756

18

m135056

122

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date: _____                                                  |  | Step #: _____                                                                                                                                                                      |  | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                     |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |

| Root Cause         |                          |                       | FAULT CATEGORY           |                        |                          |                                   |                          |                       |                          |                      |
|--------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|--------------------------|----------------------|
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> | Power Loss/Surge      | <input type="checkbox"/> | Positioned Wrong     |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> | Folio/Program         | <input type="checkbox"/> | Outside Dimensions   |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> | Grain                 | <input type="checkbox"/> | Over/Under tolerance |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> | Weld                  | <input type="checkbox"/> | Part Incorrect       |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled    | <input type="checkbox"/> | Part Lost/Missing    |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out of Sequence       | <input type="checkbox"/> | Part Moved           |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-set               | <input type="checkbox"/> | Drawing              |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Mislabeled            | <input type="checkbox"/> | Finish               |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/Function          | <input type="checkbox"/> | Misread              |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence     |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | OTHER :                |                          |                                   |                          |                       |                          |                      |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |                        |                          |                                   |                          |                       |                          |                      |



# Picklist Print

Monday, August 29, 2016 10:10:30 AM

Page 9

Work Order ID: 150558

**\*150558\***

Parent Item: D119-796-025

**\*D119-796-025\***

Parent Item Name: AW119 Landing Gear Assembly - Heavy-Duty, Run-On Landing Wearplates

Start Date: 10/18/2016

Required Date: 11/15/2016

Start Qty: 1.00

Required Qty: 1.00

MS21920-28

Purchased

No

125

Each

108.0000

2

2

**\*MS21920-28\***

Clamp

**\*\***

DAS

6

OCT 25 2016

9-89

Location

Loc Qty

Loc Code

FG

1

105884

1

LG050

96

M135007

21

M135008

25

M135009

50

LG051

1

M132169

1

LG057

2

M134130

2

st543

8

M135007

8

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

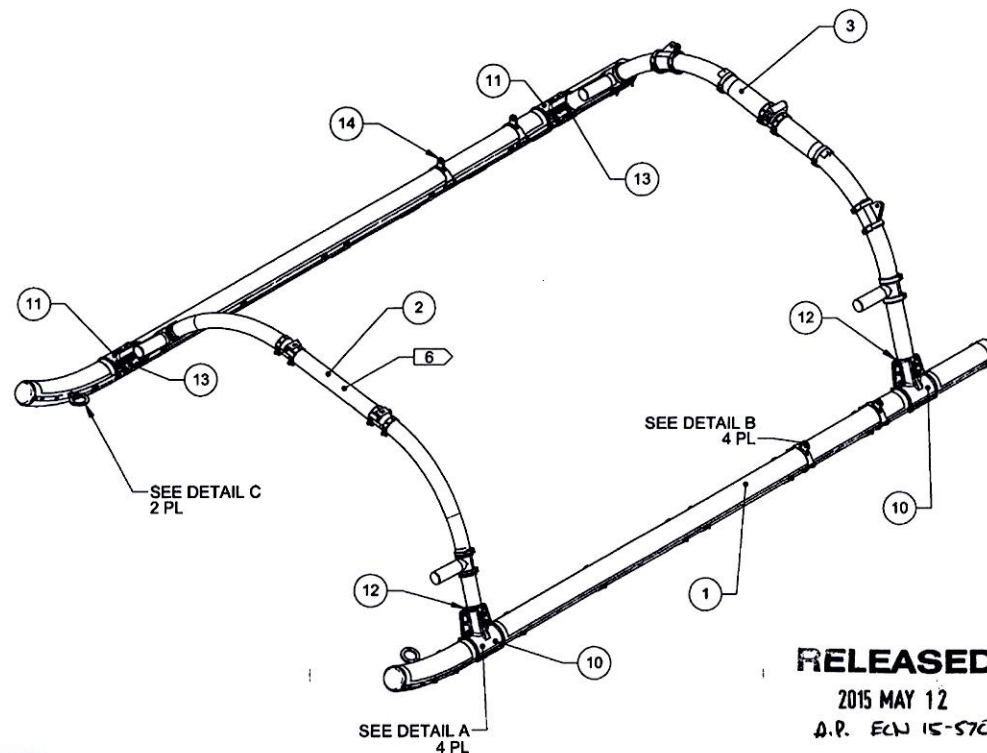
**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                              |  |
| Date : 2019-08-08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |

| ITEM | QTY<br>-025 | P/N           | DESCRIPTION                           |
|------|-------------|---------------|---------------------------------------|
|      | X           | D119-796-025  | STD GEAR WITH TRAINING WEARPLATES     |
| 1    | 2           | D119-646-241  | STD SKIDTUBE WITH TRAINING WEARPLATES |
| 2    | 1           | D119-796-151  | XTUBE ASSY (AW119 MKII FWD)           |
| 3    | 1           | D119-796-251  | XTUBE ASSY (AW119 MKII AFT)           |
| 4    | 48          | D2852         | BUSHING                               |
| 5    | 2           | D3407-041     | TOW RING                              |
| 6    | 4           | D3417-5       | WASHER                                |
| 7    | 2           | D3456-1       | WASHER                                |
| 8    | 48          | D3672-3       | PHENOLIC WASHER                       |
| 9    | 48          | D3672-7       | PHENOLIC WASHER                       |
| 10   | 2           | D3883-1       | SADDLE, OUTBOARD LH                   |
| 11   | 2           | D3883-2       | SADDLE, OUTBOARD RH                   |
| 12   | 2           | D3884-1       | SADDLE, INBOARD LH                    |
| 13   | 2           | D3884-2       | SADDLE, INBOARD RH                    |
| 14   | 4           | D3886-041     | LUG ASSEMBLY                          |
| 15   | 8           | AN3C46A       | BOLT                                  |
| 16   | 16          | AN3C50A       | BOLT                                  |
| 17   | 24          | AN4C6A        | BOLT                                  |
| 18   | 24          | MS21043-3     | NUT, SELF-LOCKING                     |
| 19   | 26          | MS21043-4     | NUT, SELF-LOCKING                     |
| 20   | 8           | MS21043-5     | NUT, SELF-LOCKING                     |
| 21   | 8           | MS21250-05048 | BOLT                                  |
| 22   | 24          | NAS1149C0332R | WASHER                                |
| 23   | 48          | NAS1149C0432R | WASHER                                |
| 24   | 16          | NAS1149C0532R | WASHER                                |



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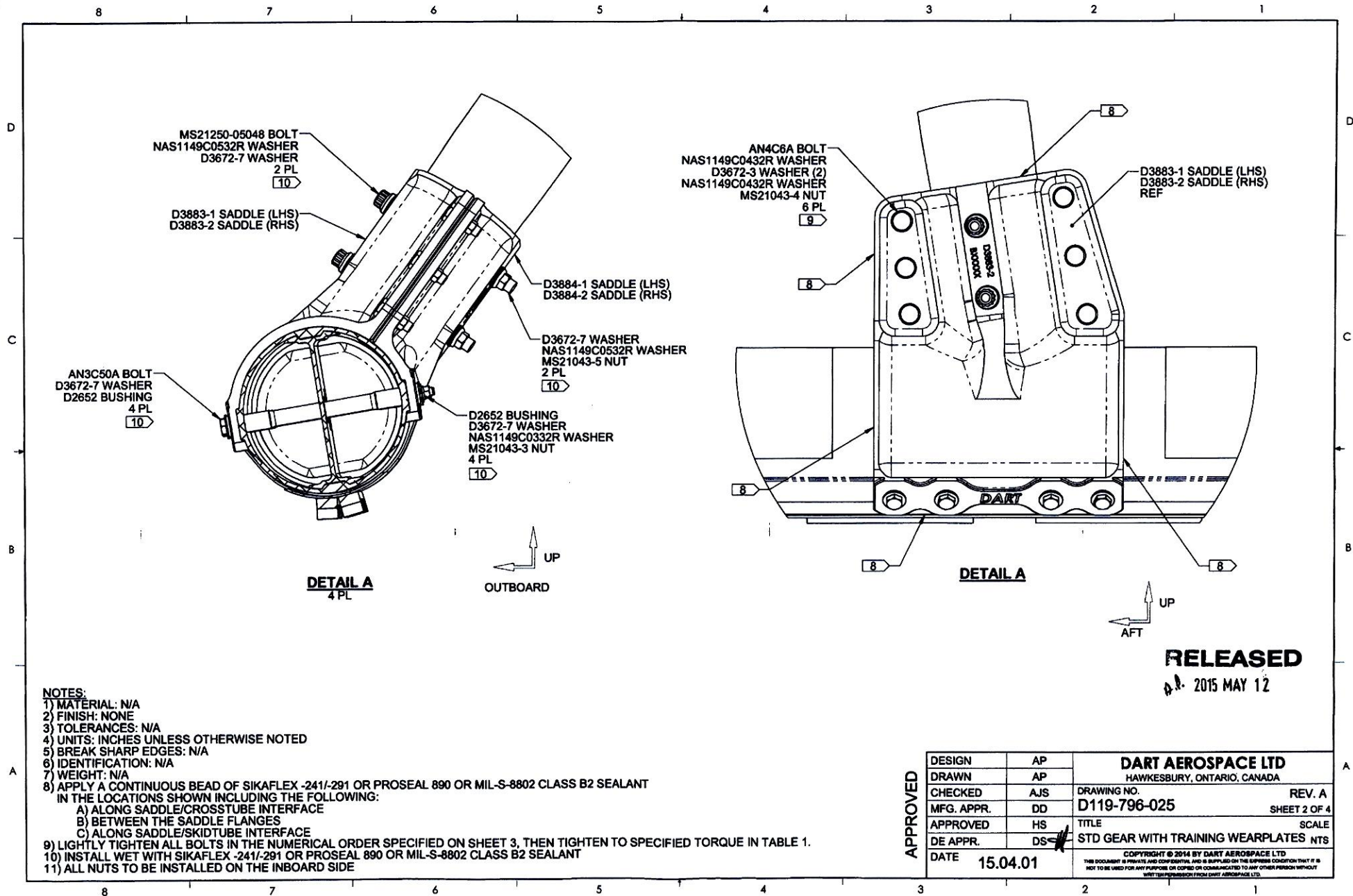
**D119-796-025 STD GEAR WITH TRAINING WEARPLATES**

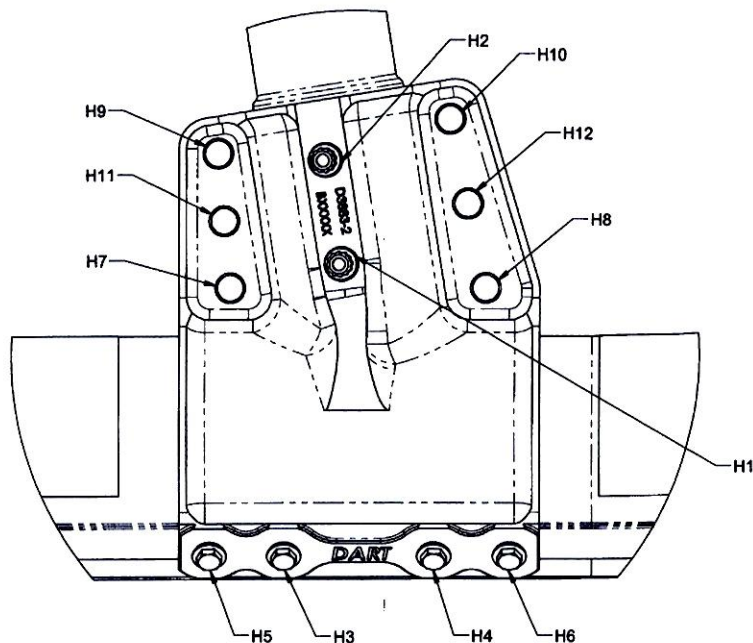
NOTES:  
1) MATERIAL: N/A  
2) FINISH: NONE  
3) TOLERANCES: N/A  
4) UNITS: N/A  
5) BREAK SHARP EDGES: N/A  
6) IDENTIFICATION: INSTALL D2729-4 RED DECAL IN LOCATION SHOWN  
7) WEIGHT: 147.9 LBS

APPROVED

|            |             |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
|------------|-------------|-----------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A          |             | NEW ISSUE |  | AP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15.04.01     |
| REV.       | DESCRIPTION |           |  | BY                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE         |
| DESIGN     | AP          |           |  | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA<br>DRAWING NO. <b>D119-796-025</b><br>TITLE <b>STD GEAR WITH TRAINING WEARPLATES</b><br>SCALE <b>NTS</b><br>COPYRIGHT © 2014 BY DART AEROSPACE LTD<br><small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |              |
| DRAWN      | AP          |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
| CHECKED    | AJS         |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
| MFG. APPR. | DD          |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
| APPROVED   | HS          |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
| DE APPR.   | DS          |           |  | REV. A                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SHEET 1 OF 4 |
| DATE       | 15.04.01    |           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |







**SUPPLEMENTAL VIEW - TORQUE SEQUENCE**

**TABLE 1: TORQUE SEQUENCE AND MAX TORQUE**

| TORQUE SEQUENCE | PART NUMBER   | TORQUE                       |
|-----------------|---------------|------------------------------|
| H1              | MS21250-05048 | 66-85 IN-LBS (7.3 - 9.6 N-m) |
| H2              | MS21250-05048 | 66-85 IN-LBS (7.3 - 9.6 N-m) |
| H3              | AN3C50A       | 15-25 IN-LBS (1.7 - 9.6 N-m) |
| H4              | AN3C50A       | 15-25 IN-LBS (1.7 - 9.6 N-m) |
| H5              | AN3C50A       | 15-25 IN-LBS (1.7 - 9.6 N-m) |
| H6              | AN3C50A       | 15-25 IN-LBS (1.7 - 9.6 N-m) |
| H7              | AN4C6A        | 50-70 IN-LBS (5.7 - 7.9 N-m) |
| H8              | AN4C6A        | 50-70 IN-LBS (5.7 - 7.9 N-m) |
| H9              | AN4C6A        | 50-70 IN-LBS (5.7 - 7.9 N-m) |
| H10             | AN4C6A        | 50-70 IN-LBS (5.7 - 7.9 N-m) |
| H11             | AN4C6A        | 50-70 IN-LBS (5.7 - 7.9 N-m) |
| H12             | AN4C6A        | 50-70 IN-LBS (5.7 - 7.9 N-m) |

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2015 MAY 12

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|            |          |                                                                                                                                                                                                                                                                                |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AP       | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                       |              |
| DRAWN      | AP       |                                                                                                                                                                                                                                                                                |              |
| CHECKED    | AJS      | DRAWING NO.                                                                                                                                                                                                                                                                    | REV. A       |
| MFG. APPR. | DD       | <b>D119-796-025</b>                                                                                                                                                                                                                                                            | SHEET 3 OF 4 |
| APPROVED   | HS       | TITLE                                                                                                                                                                                                                                                                          | SCALE        |
| DE APPR.   | DS       | <b>STD GEAR WITH TRAINING WEARPLATES</b>                                                                                                                                                                                                                                       | NTS          |
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D3407-041 TOW RING  
D3417-5 WASHER

9

INBOARD

D3417-5 WASHER  
D3456-1 WASHER  
MS21043-4 NUT

8 9 11

**DETAIL C**  
2 PL

D2652 BUSHING  
NAS1149C0332R WASHER  
MS21043-3 NUT  
2 PL

8 9 10

INBOARD

D3886-041 LUG ASSEMBLY

9

D2652 BUSHING  
AN3C46A BOLT  
2 PL

8 9 10

**DETAIL B**  
4 PL

**RELEASED**

P.P. 2015 MAY 12

**NOTES:**

- 1) MATERIAL: N/A
- 2) FINISH: NONE
- 3) TOLERANCES: N/A
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: N/A
- 8) INSTALL WET WITH SIKAFLEX -241/-291 OR PROSEAL 890 OR MIL-S-8802 CLASS B2 SEALANT
- 9) APPLY FAY SEAL AND FILLET SEAL USING SIKAFLEX -241/-291 OR PROSEAL 890 OR MIL-S-8802 CLASS B2 SEALANT
- 10) TORQUE AN3 HARDWARE TO 20-25 IN-LBS
- 11) TORQUE AN4 HARDWARE TO 50-70 IN-LBS

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|            |          |                                                                                                                                                                                                                                                                                |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AP       | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                       |              |
| DRAWN      | AP       |                                                                                                                                                                                                                                                                                |              |
| CHECKED    | AJS      | DRAWING NO.                                                                                                                                                                                                                                                                    | REV. A       |
| MFG. APPR. | DD       | <b>D119-796-025</b>                                                                                                                                                                                                                                                            | SHEET 4 OF 4 |
| APPROVED   | HS       | TITLE                                                                                                                                                                                                                                                                          | SCALE        |
| DE APPR.   | DS       | <b>STD GEAR WITH TRAINING WEARPLATES</b>                                                                                                                                                                                                                                       | NTS          |
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